

Kensington and Chelsea Young Carers' Project Evaluation

29th May 2011



Background:

The Family Action Young Carers project has been running in the north of Kensington and Chelsea borough for a number of years. The recent funding from Comic Relief via the Princess Royal Trust for Carers was to extend the project to work in the south of the borough, and included funding for this evaluation. The purpose of the evaluation as stated in the terms of reference is 'to learn from the experience of working in the north of the borough and apply this to the new work in the south. This will include an evaluation of the outcomes and ways of working in the north.'

The aims of the project in the south are to:

- Reduce the extent of inappropriate caring roles for the most isolated and vulnerable young carers.
- Increase the support available for the most isolated and vulnerable young carers
- Increase knowledge and resources to develop replicable models of support for the most isolated and vulnerable young carers



Methodology

The evaluation terms of reference, including a statement of ethics, was agreed with the Princess Royal Trust for Carers and the project staff. See appendix 1.

Data was collected by carrying out eleven interviews with young carers, their families, staff, referrers, and the commissioner, plus a focus group with seven young carers. A common structure of eleven questions was used for each. The questions are included in the terms of reference in appendix 1. Other ongoing monitoring data was also used.

The evaluation was carried out by Family Action's Organisation Development Manager.

Summary of key findings and recommendations:

The young carers provided feedback that they loved the project and its activities. The post activity feedback sheets were filled in energetically and they reported they felt listened to. Parents and referrers were equally positive. The project also successfully created a space for one-to-one time between staff and young carers, to allow the young carers to discuss what was bothering them and to express their feelings. As one referrer put it, 'it is therapy with a small t'.

The project staff appeared to have a very good relationship with the young carers, their families and referrers. Referrals were from a cross section of adult and children's services, and schools. The project has developed a good relationship with one school and has been very successful at communicating and working with referrals from that school. Communication has also worked well where referrers are on the borough's steering group and / or strategy group. Communication worked less well where a referrer was not part of these groups.

The minibus to transport the young carers to activities was very important. It convinced wary parents that their children were safe to go out in the evening. It was also an important opportunity for young carers to speak one-to-one to staff. However the current two hour journey time is about at its maximum.

The young carers reported and talked about changes in their lives as a result of the project. For example they reported doing less caring jobs that they dislike (see table 1 for more data). In the focus group young carers talked about how the project's staff had become role models for their future career aspirations. Referrers focused their feedback on how important respite was for the young carers giving them the opportunity to 'have a childhood'.

The project appeared to have an implicit theory of change which staff and a number of young carers talked about during the evaluation. This involved supporting young carers as they become aware that they have different responsibilities to other children, and then working with them to provide opportunities all children have.

The extension of the project to the south of the borough and the recruitment of new staff will increase the capacity of the project. The project staff are training potential referrers to identify and refer new young carers. However there are about 300 young carers in the borough and the project was currently working with only 42 on a regular basis. Even with the increased staffing a high number of referrals could put a lot of pressure on the project and its management processes.

The project wasn't specific about how long a young carer should be involved in the project. Many had been involved for a number of years. In contrast there was one who had attended for 6 months while a particular issue was dealt with. The current policy of the borough is that young carers are eligible till they are 18 years old.

Young carers were overwhelmingly 'very happy' with how staff worked with them. In sharing information and involvement in decisions some were 'happy'. Although still very positive this slightly lower score could be because activities didn't appear to be publicised in advance and attendance was confirmed a day or so beforehand. There was feedback

that a longer term plan of future events would be useful. The young carers reported that they enjoyed filling in PISA-CR2ⁱ which was used in the focus group, and liked the opportunity to write down how they felt about being a young carer.

It can take time to convince wary parents to allow their children to attend the project and its activities. Those most wary are often the most socially isolated and vulnerable. There is a danger that steps to increase numbers could result in less time being spent with this group. The family support worker being recruited for the work in the south will support the work with the most vulnerable families.

Project recommendations:

Overall it is recommended the work in the north of the borough, which is proving successful, should be replicated in the south, in addition to the following recommendations.

Re-clarify with current staff the aims of the service, the model of delivery and the intended outcomes. Review the processes for young carers joining and leaving the service, including how long they remain in the service, and whether they receive one to one support or just attend the group sessions, or both.

Review and clarify communication processes including:

- Review communication and team work with referrers,
- Review how young carers are notified about activities and who will attend, e.g email, advance planning, internet.

Extend the minibus service and identify a premises for work in the south. This process has started. Continue the recruitment of volunteers to run activities. Review whether running weekly activities would be more effective than fortnightly ones, resources permitting.

Develop a planned approach to increasing the rate of referrals, particularly from the south of the borough. Continue the training of potential referrers to increase the number of referrals. Ensure the most vulnerable continue to be included.

Continue the use of the PANOC and MACA outcome tools in the north, and start using in the south. The evaluator will provide a database to store the data.

Recommendations for the broader Young Carers Grant Programme (commissioned by Comic Relief and The Princess Royal Trust for Carers):

The work with young carers is following an implicit model of change, and it is recommended this is made explicit, ideally from the service users perspective. The outcome star (<http://www.outcomesstar.org.uk/>) approach is one way to do this.

Clarify and provide examples to projects of how the outcome data (from the MACA and PANOC) is analysed and used at service user, project, and programme levels.

Detailed findings:

Who the project works with: (questions 1, 2)

On its database the project in the north has 90 young carers and an additional 21 closed cases. On its most recent funder report there are 42 young carers being worked with, 36 who live in the north of the borough and 6 in the south. The database didn't seem to pick up whether the child was subject to a CPP (child protection plan) (referrers reported that most were not, however one referrer gave the example of one child that was).

According to the young carers who took part in the focus group they did on average 4.4 hours per day of caring. There was a big spread in data from one person that did no caring on weekends to one that said they were caring all their waking hours (assumed 12 hours per day). The caring roles included for example 'looking after mum' by 'doing the washing up' and 'cleaning'; and 'playing with', 'help in the bathroom', and feeding a disabled sibling. The project database shows that this type of caring is common. The cared for often have physical disabilities or mental health problems. Providing emotional support is also a role carried out by the carers. The most recent Young Carers' Grant Programme evaluationⁱⁱ reported the following caring levels; 4.7 weekdays hours and 5.45 weekend hours, which is close to that of the carers in this sample.

The database shows the referrals come from Kensington and Chelsea Adult and children's services, schools, and self referral. The young carers who took part in the focus group and interviews were not clear about how they had been referred but this seemed to be because they had been in the project for a long time (and had forgotten) and some said their parents sorted this out. One parent found out about it from their social worker and the other thought it was from a leaflet she received some years ago. The database shows that of the 90 active carers only 13 had been referred since January 2010.

Kensington and Chelsea has a steering group and a strategy group for the young carers project. There is a young carer representative on the steering group as well as representatives from Adult Social Care, Children and Families' Services, and an Education Welfare Officer. One of the referrer's interviewed was involved in these groups and felt very close to the projects. They described the steering group as 'excellent, well organised, professional, looking out for the young carers'. Others who weren't involved felt it could have been easier to find out information about the project via for example information on their intranet. 'It could be useful to have written information accessible online'. 'Communication with referrers might work better if it were done via email in an area where a lot of people work part time.' One referrer did ask if it was possible to get more formal feedback on the progress of individual ycs. This could be particularly relevant if the yc was subject to a CPP.

In addition referrers and staff said that it was a challenge to advertise the project and find new young carers. One said 'it should be advertised more saying how good it is'. Kensington and Chelsea estimate there are 300 young carers in the borough. Family Action will be running young carer awareness training from May till Sept 2011 for social workers and Adult Social Care Services in the borough. 'In their work social workers find out if there are children providing a caring role'. Kensington and Chelsea are keen to

support Children and Families' Services and Adult Social Care to work together with the aim of finding referrals for this project.

Where a young carer was identified it was often difficult to get the parents to agree for the young carer to take part in the project. The mothers with young carers in the project said it took some time for them to be happy to let their child go out in the evening, and that the provision of a minibus was a key requirement. One young carer said if there was no bus it would be a long way to come. Referrers also said this was difficult, and that the project staff were very good at supporting the family to be happy with letting their child take part; 'Parents are very wary, particularly from the minority groups. If it wasn't for transport (the minibus) none would go.' A referrer said of a staff member 'very good at getting on his bicycle and visiting the families at home and finding out what the situation was'.

The work to bring new young carers into the project needs to be matched by capacity to take on new referrals. It would be useful to clarify how referrals would be prioritised were the awareness training to be successful. Having over 300 young carers in the borough could result in capacity issues. Finally where resources are stretched one danger is that the easy to reach would be prioritised, spending less time with the most vulnerable and socially isolated.

Project activities: (questions 3, 4)

The project runs an activity every Wednesday evening. One week it is for the younger carers and the next week it is for the older carers. So if someone is coming regularly they would attend every other week. The activities include bowling, ice skating, video night (watched the Incredibles), cooking (make pizzas), visits to museums, karate, trips to the zoo, football. The project also runs some trips away for the carers, usually the older ones. All stakeholders including the young people themselves reported that they enjoyed the activities. They had fun. Referrers say 'they loved the project'. As one young carer said 'I am excited and happy to be involved, and I get thrilled before I come along.' One parent proudly explained how her children, who provide a caring role for her, came home and showed what they had learnt at young carers by acting out how one should behave when you are on a busy bus by giving up their seat for an elderly person despite opposition from other youngsters.

The young people explained enthusiastically how after every activity they are given a feedback sheet asking how they found the activity. The focus group for this evaluation was run as a Wednesday activity evening for the older group. They were asked to fill in questionnaires and discuss and present back the questions in this evaluation. They also filled in a feedback form for how they found this experience, which was positive. A number said they liked the opportunity to write about their feelings.

Both parents interviewed reported the project provided a good break for them, and that they were happy that their children were somewhere safe with people they trusted. Referrers also said how much the parents, who are often the referrers' client, were positive about the project: they said parents report 'kids love it'.

A key aspect of the project is the one-to-one time the young carers have with the staff, giving the young carers the opportunity to talk about how they are feeling with staff. This was an important benefit of the project that referrers identified. 'It is very useful.' 'It

provides a listening ear, good emotional support.’ Often this time isn’t formally arranged. The bus journey which can take up to 2 hours was an opportunity for staff to talk to young carers one-to-one. Another example was when one young carer’s parent was taken to hospital due to mental health problems, and the carer required an adult to go with them on a visit, a project staff member went with them. This reduced the need for the parents social worker to do this. The journeys to and from the hospital provided time for the young carer and staff member to talk.

Another example was of a boy who was described as quiet by his mother when he joined the young carers’ project. In particular that he had been not been saying much over the Christmas period. During the minibus journey the boy started talking to the staff member. As a result the staff member was able to reassure the mother that he was ok.

One young carer described the type of support they received on the project as: “A bit of free time and space. It has also made me dig deep and understand why I come here.” Another said it is ‘good to (be able) to talk about our feelings’. Finally one young carer wrote of what they didn’t like about attending the project, that ‘it ends really quick’!

The young carers who were interviewed talked about what they had learnt and that they had more time to play. ‘I learnt games and then go home and play them with my (disabled) sister.’

A referrer described the project time as: ‘trying to ensure the child gets their childhood, they are children’, and as important ‘protected time’.

Whilst the flexibility of the project was identified as a good thing: ‘try to meet the child’s needs’ and ‘no pressure (on the young carer) to have to come to events’; one person questioned whether it was ‘almost too loose and unbounded’ specifically where a young carer maybe ‘pushing to get out of emotional decline’. If a young carer misses one session then there won’t be another session for a month. This would need to be investigated further and may relate to the specific needs of individual young carers, particularly those needing a higher level of support.

Two referrers and a parent asked whether it would be possible to have the activities weekly rather than fortnightly. A number of young carers asked for longer sessions. Finally one parents described what her child learnt from the project: they learnt to ‘sit and speak while the world is fighting’ and ‘deal patiently and nicely with a group of people’, ‘respect each other’ and ‘make friends’.

Outcomes: (questions 5,6,7,8)

The stakeholders found these questions the most difficult to answer.

In relation to their caring role out of the seven young carers, two said their attitude to caring had changed for example one wrote ‘it made me change my thoughts, I realised that what I do is helpful and does make me feel better about myself’, and the other ‘I have more time to play’. Three wrote specifically about a change in their caring role; ‘now I do less hard jobs for caring than before’, another wrote ‘now I do more because of this (project)’, and another wrote “my parents give me more fun jobs to do (watching Cbeebies)”. The remaining two said there was no change.

Referrers did not talk about specific changes in the caring role of young carers, but talked a lot about the support the ycs received. One said, project staff provide a ‘listening ear’ and ‘good emotional support’. Another said, staff ‘help liaise with the school, not in a statutory way, bit more neutral, on the child’s side’, and that the staff have ‘got a relationship with the child so the child has someone to talk to as and when they need to’.

When asked about what had changed as a result of the project the young carers wrote and talked about improving confidence, ‘feeling better about myself’, and ‘I am always happy unlike before’. It helped to ‘know other people in the same situation as you’ and that it was ‘good to be able to talk about our feelings’. They often talked about making new friends. The young carers attending the focus group all attended the same school, but in different classes. “Because of attending this project I was able to make friends who go to my school, and that made me enjoy school more”. On the less positive one referrer *commented that it maybe difficult for a new young carer joining the group who was not from the same school and could feel an outsider.

The following table give more information on what the young carers felt had changed for them. Young carers were asked to complete this in the focus group.

Table 1

Because of the project:

	Yes	Between yes and no	No
I attend school more often	5		1
I enjoy school more	3		3
I now do better at school or college	5	1	
People pick on me less at school	4	1	1
I now do less caring	4		2
I now do less caring jobs that I dislike	5		1
I now do less caring jobs that upset me	4		2
I now do less of the caring jobs that worry me the most	3	1	2
People are more understanding of the caring jobs that I do	6	1	

During the interviews the two parents didn’t say anything had changed in the caring role. Staff did not identify specific changes to the caring role. The commissioner was focused on ECM (Every Child Matters) outcomes for the young carers.

In terms of changes in opportunities (question 8) three of the older carers (15 and 16 years old) talked about future career possibilities during the focus group. Their job aspirations were linked to the jobs people they knew had. One girl had a relative that worked in the restaurant business and was interested in this. Another boy wanted to have a career like the coordinator of the young carer project, and said being involved here had given him hope that he could achieve it.

During the interview with a staff member the beginnings of a basic **theory of change** emerged:

1. On entering the project the young carers think they are no different to other children. Young carers think it is normal.
2. The project immediately labels them as young carers. They become aware they are different.
3. The project supports the young carer to have the opportunities other children have, taking part in activities and having one to one support.

It was also noted that not all young carers start at point 1. Sometimes young carers are aware and would immediately be at point 2.

Unprompted the different stages of this journey were described in the focus group by young carers themselves. They described the journey from being labelled a young carer, to building their confidence to do things that other children might do. Depending on where the young carer was on this journey could determine the level of support required. This would require more work and a more detailed theory of change. It could also help the project to describe the outcomes it has achieved.

The draft theory of change which seemed to resonate with young carers, could be an important step for developing a model of work. In more detail this could provide a support tool for staff and an outcome measure based on distance travelled. It could help focus limited staff resource in this and other young carer projects. It would need a more detailed understanding of how this works for the young carers themselves, but, for example, a young carer might need more support as they become aware of being labelled a young carer, however as they develop their skills and potential they may require less support from the project. This would be similar in principle to the approach taken in using the outcome stars (<http://www.outcomesstar.org.uk/>) for other areas of work with vulnerable people. In addition this type of theory of change analysis can help project management focus limited resources. Finally it might also be important to investigate if a level of dependency is set up for young carers who have been attending the project for a long time and how this works.

How the project works – feedback on staff: (question 9)

The seven young carers were asked anonymously to rate the project staff across four elements. The following table gives the results:

Table 2

	Very happy	Happy	It was ok	Not happy
How well did they listen?	7			
Did they involved you in decisions?	4	3		
Did they give you information about what's going on?	3	4		
How good were they at their job?	7			

This very positive result was reflected in the verbal feedback during interviews with all stakeholders. One referrer attended a young carer assessment done by the project staff

member in which they described them (the staff member) as 'soft, not demanding, appropriate, sensitive to the needs of the family'. Parents described staff as 'they added a lot, they are available, (and) come back to you immediately' and 'very helpful'.

Even though still happy the slightly lower score from young carers came around the involvement in decisions and in getting information about what is going on. The project calls people a day or so before the activity to find out if they will attend and staff said it was sometimes difficult to know who was going to attend. One person did comment that they would prefer to have known what events were going to be on each week in some sort of timetable, and to be able to plan in advance. And it maybe difficult to contact some young carers at short notice as their mobile phone may be switched off. During the evaluation it was not possible to understand why young carers' attendance was so last minute and how it might be possible to address this. It could be worth checking how other young carer projects do this, and also investigate how other projects manage the balance between flexibility and tighter project boundaries.

Anything else to add / other projects: (questions 10, 11)

One referrer suggested investigating the work of an organisation called 'Family Friends', who work with younger children, leaving this project to work with the older ones. Thus the parents could have a complete break if the timing of the support were managed.

As stated in the most recent Young Carers' Grant Programme evaluationⁱⁱⁱ projects should work with the whole family and not just the young carer in isolation. ['proposed work should aim to strengthen families while supporting young carers']

Appendix

Kensington & Chelsea Young Carers Evaluation ToR 11th March 2011

Background:

The Family Action Young Carers project has been running in the north of Kensington and Chelsea borough for a number of years. The recent funding from Comic Relief requested the following: 'The panel are keen to support the learning the organisation must have gathered in delivering the project within the North of the borough. To support this, the panel would like....the organisation to conduct a small evaluation project to examine how provision may be amended to be more effective from the outset building on the learning from work in the North of the borough.'

Purpose:

To learn from the experience of working in the north of the borough and apply this to the new work in the south. This will include an evaluation of the outcomes and ways of working in the north.

Approach:

The young carers work in the north of the borough aims to support young carers to improve their Every Child Matters (ECM) outcomes. These are very broad and include the aims of the new project in the south. The aims of the project in the south are:

- Reduce the extent of inappropriate caring roles for the most isolated and vulnerable young carers.
- Increase the support available for the most isolated and vulnerable young carers
- Increase knowledge and resources to develop replicable models of support for the most isolated and vulnerable young carers

The questions used for the evaluation, shown below, will focus on the specific aims of the new project and also inquire on the broader experience and changes for the young carer as a result of the project. In addition the evaluation will also look at the way we worked and what can be learnt here.

The following set of questions will be used to structure interviews and focus group discussions with stakeholders to explore what has been learnt in the north of the borough. In addition any ongoing monitoring data will be analysed using the following questions as a structure.

Evaluation structured around 11 questions:

1. Can I ask you about who lives in your house? What is your caring role? [Vulnerability.]
2. Why did you want to come along? How did you find out about the project that Alex and Amy organise? Did someone refer you to them?
3. What activities did you get involved in? Which worked well and which didn't work so well? [For example how was the use of the bus that was provided to get to the centre]
4. What difference has taking part in the activities made to you? [what would have happened anyway without the project?]
5. Has there been any change in your caring role since you got involved in the project? Can you say more about how it changed? [Asking about how they feel about it? Be aware that things may have got worse if for example the health of the 'cared for' got worse. Look out for changes in attitudes at home? Maybe resistance from other family members. Listen for nuances. What does the 'cared for' think about you coming out?!?]

6. Since being involved in the project how has the level of support you receive changed? Can you say more about this? [if support isn't well understood then can be explained as help and advice]
7. Do you think being involved here will lead to changes in the opportunities available to you? Or has done already? [opportunities might not be understood very well. Give examples like made new friends and therefore enjoy school more and get better grades or help to concentrate better. Take part in out of school activities. Evidence of wider horizons? Or doing new stuff.]
8. What do you think will change as a result of having these opportunities? Or did anything change already? [check with Alex how long the project will last for?]
9. Could you tell me about how Alex and Amy work with you? How well did they listen? Did they *involved you in decisions? Did they give you information about what is going on? And did you think they were good at what they did? [develop like a school report – smiley faces scale of 1-4: what do the levels represent? Also use for focus group.]
10. Do you think any of the things you have done or used here would be useful for other projects working with young carers?
11. Is there anything else you would like to add?

Carry out a review of other relevant young carer project evaluations. The findings will be used to update this evaluation ToR if required, and to inform the evaluation. Include contacting Saul Becker as part of the literature review. The tools he developed will be used to evaluate the outcomes of the ongoing project, but have not been used previously.

Methodology:

- Share this ToR with stakeholders.
- Review of other relevant young carers evaluations.
- Review monitoring data currently available.
- Interviews (30mins to 1hour) and focus group discussions (1 hour) with stakeholders:
 - Young Carers
 - Their families
 - Referrers
 - Family Action project staff
 - Funders in the north of the borough

Statement of ethics:

The purpose of the evaluation is to improve the work with young carers, and their families, in the south of the borough. The findings will also be applied to work in the north of the borough and also to other Family Action young carer projects.

Informed consent:

Respondents will be informed about the evaluation and how the information will be used so they can make an informed choice about their involvement. Data will be kept secure and they will not be identified in the final report. They can withdraw without personal consequences.

Confidentiality

If something serious relating to safety is disclosed during the interviews or focus group discussions then this will need to be shared with the project coordinator or manager as appropriate. Participants in the focus group will be made aware of the need to keep shared information confidential.

Information from participants will be collated and presented for the whole project, except for case studies or specific quotes which will be anonymous, with all identifying information removed, unless permission is given.

Data protection

Any data collected that can be linked to a named individual will be stored securely and destroyed after it has been used for analysis and the evaluation is completed.

Resources:

The evaluation will be led by Family Action's Organisation Development Manager. 5 days. There will be a follow up piece of work to apply the evaluation framework developed here to other Family Action Young Carer projects.

Appendix: Evaluation Plan

Young carers

Focus group (30 to 45mins) 23rd March 2011 – part of eve activity session
Work with Project Coordinator to plan a session.

4 Interviews (30 to 45mins) 16th and 23rd March 2011 – part of eve activity session
See script below.

Their families

Interviews mainly with people being cared for plus it maybe possible to arrange meetings with a sibling or other family members. Take place at their home while the carer is at school. Project Coordinator to introduce Evaluator to family member and then leave them alone.

4 Interviews (30 to 45mins) during the day on 23rd March (or 21st/22nd/25th)

Family Action staff

3 Interviews (45mins to 1 hour)
Project Coordinator (Alex), Support Worker (Amy): during the day on the 23rd March
Project Manager (Frosso): to be arrange directly.

Commissioner

Interview with Commissioner (45mins to 1 hour). Project Coordinator to introduce Evaluator by email.

Referrers

4*interview (30 to 45mins) with referrers. These are mainly social workers. Project coordinator to organise or introduce Evaluator (21st/ 22nd/ 23rd/ 25th March)

ⁱ Questionnaire from 'Manual measures if Caring Activities andOutcomes' Saul Becker.

ⁱⁱ Comic Relief and The Princess Royal Trust for Carers Young Carers Grants Programme 2008-11 Interim Evaluation Report October 2009, Fiona Becker, Saul Becker and Stephen Joseph

ⁱⁱⁱ Comic Relief and The Princess Royal Trust for Carers Young Carers Grants Programme 2008-11 Interim Evaluation Report October 2009, Fiona Becker, Saul Becker and Stephen Joseph